



Immediately notify
DOH Communicable
Disease Epidemiology
Phone: 877-539-4344

Cholera

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed

By: ☐ Lab ☐ Clinical
☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____
LHJ Cluster Name: _____
DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Diarrhea Maximum # stools in 24 hours: ____

☐ ☐ ☐ ☐ Bloody diarrhea

☐ ☐ ☐ ☐ Watery diarrhea

☐ ☐ ☐ ☐ Abdominal cramps or pain

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ Fever Highest measured temp (°F): ____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)

☐ ☐ ☐ ☐ Rash

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Antibiotic use in 30 days prior to onset

☐ ☐ ☐ ☐ Antacid use regularly

☐ ☐ ☐ ☐ H2 blocker or ulcer medication (e.g. Tagamet, Zantac, Omeprazole)

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

☐ ☐ ☐ ☐ Systemic corticosteroids in last 30 days

☐ ☐ ☐ ☐ Chemotherapy 30 days prior to onset

☐ ☐ ☐ ☐ Cancer, solid tumors, or hematologic malignancies

☐ ☐ ☐ ☐ Radiotherapy in last 30 days

☐ ☐ ☐ ☐ Insulin-dependent diabetes

☐ ☐ ☐ ☐ Chronic diabetes

☐ ☐ ☐ ☐ Gastric surgery or gastrectomy in past

☐ ☐ ☐ ☐ Chronic heart disease

☐ ☐ ☐ ☐ Preexisting heart failure

☐ ☐ ☐ ☐ Chronic kidney disease

☐ ☐ ☐ ☐ Chronic liver disease

☐ ☐ ☐ ☐ Peptic ulcer

☐ ☐ ☐ ☐ Alcoholism

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Hematologic disease

☐ ☐ ☐ ☐ Shock

☐ ☐ ☐ ☐ Other clinical findings consistent with illness

Specify: _____

☐ ☐ ☐ ☐ Admitted to intensive care unit

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____ exception

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccination History

Y N DK NA

☐ ☐ ☐ ☐ Cholera vaccine in past

Cholera vaccine type _____

Date of last cholera vaccine (mm/yyyy) ____/____/____

Laboratory

Collection date ____/____/____

Source _____

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ Toxigenic cholera culture (stool, vomitus)

☐ ☐ ☐ ☐ ☐ Serology for recent toxigenic cholera infection

Serotype/Group: _____

Species/Organism: _____

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Exposure period
Days from onset: -5 -0

o
n
s
e
t

Contagious period

days to (rarely) months

Calendar dates:

EXPOSURE* (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country

Destinations: _____

Date left: _____

Date returned: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Contact with lab confirmed case
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Shellfish or seafood
- County or location shellfish collected: _____

- ☐ ☐ ☐ ☐ Raw or undercooked shellfish or seafood
- ☐ **CDC surveillance report form completed (see note below)**
- ☐ ☐ ☐ ☐ Handled raw seafood

Y N DK NA

☐ ☐ ☐ ☐ Known contaminated food product☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/location: _____

Y N DK NA

☐ ☐ ☐ ☐ Source of drinking water known☐ Individual well ☐ Shared well☐ Public water system ☐ Bottled water☐ Other: _____☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)☐ ☐ ☐ ☐ Sewage or human excreta☐ ☐ ☐ ☐ Contact with recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor)

Specify country: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures could be identified☐ Patient could not be interviewed

Note: CDC surveillance report form is also required. The CDC surveillance report form can be found at:

http://www.cdc.gov/foodborneoutbreaks/documents/cholera_vibrio_report.pdf

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: _____

Date antibiotic treatment began: ____/____/____ # days antibiotic actually taken: ____

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)

PUBLIC HEALTH ACTIONS☐ Prophylaxis of appropriate contacts recommended

Number recommended prophylaxis: ____

Number receiving prophylaxis: ____

Number completing prophylaxis: ____

☐ Exclude case from sensitive occupations (HCW, food, child care) or situations☐ Test symptomatic contacts☐ Notify others sharing exposure☐ Other, specify: _____**NOTES**

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____ Record complete date ____/____/____